

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code Federal Regulations § 1.56.

[] In compliance with this duty there is attached an information disclosure statement 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) [] no such applications have been filed.

(e) [] such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN(S)) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN(S)) PRIOR TO THIS U.S. APPLICATION

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (*List name and registration number*)

Richard P. Berg, Reg. No. 28,145
Mavis S. Gallenson, Reg. No. 32,464
Kam C. Louie, Reg. No. 33,008
Ross A. Schmitt, Reg. No. 42,529

Victor Repkin, Reg. No. 45,039
John Palmer, Reg. No. 36,885
Peter D. Galloway, Reg. No. 27, 885
William R. Evans, Reg. No. 25, 858

(*check the following item, if applicable*)

[] Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO:

Ross A. Schmitt, Esq.
c/o LADAS & PARRY
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DIRECT TELEPHONE CALLS TO:

(*Name and telephone number*)

Ross A. Schmitt
(323) 934-2300

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of **sole** or first inventor Robert R. Hayes

Inventor's signature _____

Date _____ Country of Citizenship U.S.A.

Residence 26052 Mulholland Highway, Calabasas, California 91302

Post Office Address _____

Full name of **second joint inventor**, if any _____

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

**CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S)
WHICH FORM A PART OF THIS DECLARATION**

- ☐ Signature for third and subsequent joint inventors. *Number of pages added* 1
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. *Number of pages added* _____
- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. *Number of pages added* *Added pages to combined declaration and power of attorney for divisional, continuation-in-part (CIP) application.*
Number of pages added _____

* * *

- ☐ Authorization of attorney(s) to accept and follow instructions from representative.

* * *

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item.

- ☒ This declaration ends with this page.